

# **EXHIBIT 23**

**SUPPLEMENTAL/REBUTTAL  
EXPERT REPORT OF VICTOR L. ROGLI, M.D.**

*Report for David T. Austern,  
Future Claimants' Representative*

**In re W.R. Grace & Co., et al.**

July 31, 2007

such an exposure may not have been a significant factor. Dr. Moolgavkar is wrong. Based upon the level associated with doubling of mesothelioma risk for Canadian chrysotile from McDonald's work and the 100-fold potency difference between amosite and chrysotile noted by Hodgson and Darnton (see above), the hypothetical exposure is at least 500 times higher than the level associated with doubling of mesothelioma risk as a consequence of amosite exposure. For Dr. Moolgavkar to opine that such an exposure may not be a significant contributing factor to mesothelioma (with the given latency interval) is preposterous. As noted in my prior report, the Peto model *cannot* be properly applied to calculate an attributable fraction of different exposures to an individual patient's mesothelioma.

Dr. Moolgavkar states that 20% to more than 80% of mesotheliomas are not caused by asbestos. Once again Dr. Moolgavkar is wrong. The current consensus is that 80-90% of cases are asbestos-related.<sup>12</sup> Indeed, my own experience in the past ten years based on lung fiber analyses has been that 83% of mesothelioma cases are asbestos-related.<sup>13</sup>

Dr. Moolgavkar suggests that smoking may cause mesothelioma. In fact, there is a scientific consensus that smoking does not cause mesothelioma.<sup>12, 14-17</sup> Although smoking interferes with asbestos fiber clearance from the lower respiratory tract by inhibiting ciliary motion, smoking also decreases the diameter of airways and increases the thickening of the mucous blanket.<sup>18</sup> These two mechanisms are oppositional, so that smoking could either aggravate or diminish the risk of mesothelioma. Only epidemiological studies could resolve the issue, and epidemiology does not indicate any association between mesothelioma and smoking. There is scientific consensus on this issue.

Dr. Moolgavkar states that it is hard to envisage how asbestos could reach the testis. He is apparently referring to mesotheliomas of the tunica vaginalis testis, which is simply an extension of the peritoneum into the scrotum.<sup>12</sup> Asbestos fibers that could reach the peritoneal cavity could have access to this extension of the peritoneum.

#### **Minimum Causation Criteria for Lung Cancer Claims**

The medical criteria that Dr. Florence assumes with respect to the minimum causation criteria for lung cancer claims (point 3 at page 2 of the Florence Report) are much too restrictive. Numerous studies show that lung cancer can be caused by asbestos exposure even when the assumed criteria are not satisfied.

Dr. Anderson suggests that there is a doubling of lung cancer risk at 100-278 fiber/cc-yrs. Dr. Moolgavkar also states that the doubling of lung cancer risk occurs at 100+ fiber/cc-yrs. However, the Helsinki criteria concluded that a doubling of lung cancer risk occurs at 25 fiber/cc-yrs, the same threshold that Dr. Anderson identified for asbestosis.<sup>19, 20</sup> Moreover, there is a scientific consensus that populations with asbestosis are at an increased risk of lung cancer.<sup>21</sup>